

either intrinsically or because of their associations, are concealed and repressed in the sub-liminal consciousness and by their occasional irregular defensive or expressive outbreaks, cause these borderline symptoms, which to a small degree characterize a large proportion of normal persons and to a larger degree characterize a large proportion of abnormal persons.

In such a semi-pathological classification may be placed certain minor forms of loss of memory, such as the sudden inability to recall the name of a person or article, certain tricks of the tongue which pervert what was intended to be said, certain kinds of errors both of judgment and of deed, and finally certain fixed ideas which, in a surprisingly large number of normal persons, come into the mind unsolicited and cannot be banished voluntarily.

Such obsessions of the normal mind are the subject of a suggestive note by C. S. Berry in the *Journal of Abnormal Psychology*.¹ The data compiled are drawn from a study of the written answers to appropriate questions asked of about 200 mature students of educational psychology. A typically grotesque and interesting list of fixed ideas was obtained, often associated characteristically with fatigue, either mental or physical, and apparently partaking in some cases of the elements of illusion, hallucinosis and dreams. About 25% of the 200 had at some time had fixed ideas.

Some noted ideas closely bordering on imperative ideas, such as an impulse to jump over a precipice or before a moving train. Berry makes two comments. (1) In many cases, with no outside aid, the obsession runs a self-limited course, and tends to disappear or at least to lose its emotional force. (2) In a large percentage the obsession dates back to childhood. Berry rightly urges the value of a careful scientific study of normal obsessions, not alone for the direct data to be obtained, but also for the light it would throw on their relation to pathological obsessions.

THE VASO-MOTOR SYMPTOMS OF THE MENOPAUSE.

In spite of the great advances of modern physiology and, especially, of the assistance given our understanding of the physiological disturbances connected with cessation of ovarian and testicular secretion by recent laboratory studies, there is much as yet unexplained in the symptomatology of the menopause. This is a matter of importance to every medical practitioner as the disorders and discomforts of this period have a striking nervous as well as physical effect. Particularly are the vaso-motor symptoms hard to control and vexatious to the patient.

Culbertson has recently made a study of this subject,² and his findings throw light on the causation especially of the vaso-motor disturbances and on a rationale of effective treatment. He explains the somatic and psychical disorders as the result of perverted function of the endocrine glands due to lack of ovarian secretion. The psychic features are especially due to the disturbed thyroid func-

tion, usually bordering on hyper-thyroidism but less commonly being the reverse.

This writer considers the vaso-motor symptoms to be due to an instability of the blood pressure, which usually appears as a "vacillating hyper-tension, both systolic and diastolic." He finds that the diastolic pressure is less increased than the systolic and thus results in a larger pulse pressure which is the immediate cause of the symptoms, associated with the vacillating arterial pressure. In the fewer cases where there is a hypo-tension, there is still an increased pulse pressure and a similar vacillation of pressure. The hyper-tension seems referable to excessive suprarenal or hypophyseal secretion. The blood pressure can be gradually brought to normal by the exhibition of the hormone contained in corpus luteum extract from animals in early gestation, and with this the vaso-motor symptoms disappear. Culbertson supports the view that the pressure changes are functional only, by the fact that the appropriate treatment with organ extract produces a return to normal and that there is a definite disproportion between the rise in systolic and diastolic pressure. He advises the control of the treatment by frequent, preferably daily, pressure readings.

EDITORIAL COMMENT.

Los Angeles county is the seat of a valuable innovation in public health work which, so far as our information extends, is the first instance of its kind in the west. In its usual pioneering style, the New York City Board of Health has for some time been doing similar work. Dr. J. L. Pomeroy, Health Officer of Los Angeles county, has had produced, in motion pictures, the story of diphtheria spread and control, and the 1100 feet of the film are to be used widely in that county at motion picture theaters as a measure of public education in the proper means of control of this disease. The pictures appeal to the lay intelligence in a fashion which is more authoritative and better remembered than either lecture or bulletin. These or similar films should be in the armamentarium of every health officer in the state. Those counties which cannot produce their own would do well to arrange for the loan or rental of films already made. See description under Los Angeles county news.

Why should not every doctor in the United States who is mentally, physically and morally fit, be in the M. R. C.? In the immediate future the Medical Reserve Corps must be immensely augmented and so as to enable the Surgeon-General to have at his command for immediate assignment, as conditions demand, a sufficient number of trained medical officers, let us take the above thought seriously. The German war depends for its success as much upon the medical profession, as upon the combatant forces, and while we do not know that any such intention as herein suggested, is in the mind of the Surgeon-General, it would at least give him the necessary corps of medical officers, from which to draw, and would serve the best interests of our country, and the best interests of the medical officers themselves.

¹ April-May, 1916, p. 19.

² Surgery, Gyn., and Obstet., Dec., 1916, p. 667.